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Connecting Kids to Coverage

Summary of Benefits for Minnesota, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X				
Fluoride treatments (including fluoride varnishes)	X			1 x 6 months	
Sealants (list any tooth-specific limits)	X			1 x every 5 years	Permanent molars, or as medically necessary for high caries risk children.
Space maintainers	X				



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Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Dental examinations						
	X				Every six months or as indicated by the child's risk status/susceptibility to disease.	1
X-Rays						
Bitewing	X					
Full Mouth	X					
Panoramic	X					



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Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X					
Tooth colored composite	X					
Crowns/tooth caps						
Stainless steel crowns	X				Except as medically necessary in conjunction with a fixed bridge or implant, an individual crown must be made of prefabricated Stainless steel, prefabricated resin, or laboratory resin.	
Metal (only) crowns	X					
Metal/porcelain crowns	X					
Porcelain (only) crowns	X					
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X					
Root canals on permanent teeth	X					



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Gum (periodontal) therapy						
Dentures						
Partial dentures	X					
Complete dentures	X					
Bridges	X				Authorization is required for fixed bridges. The individual must be unable to wear a removable prosthesis due to a mental or physical condition.	
Orthodontics*						
Retainers (orthodontic)	X				Covered as an integral component of orthodontic treatment.	



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Braces	X				Authorization is required for orthodontic services.	At least one of the following criteria must be met in order for orthodontic treatment to be authorized - (1) there is a disfigurement of the patient's facial appearance including protrusion of upper or lower jaws or teeth; (2) there is spacing between adjacent teeth which interferes with the biting function; (3) there is overbite to the extent that the lower anterior teeth impinge on the roof of the mouth when the person bites; (4)
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Braces	X				Authorization is required for orthodontic services.	positioning of jaws or teeth impairs chewing or biting function; or (5) based on a comparable assessment of subitems (1) to (4), there is an overall orthodontic problem that interferes with the biting function.
Oral surgery						
Simple extractions	X					
Surgical extractions	X				Authorization is required for the extraction of impacted teeth. The routine removal of third molars is not a covered service. Third molar extractions must have symptoms or show evidence of pathology to substantiate the medical necessity for removal.	
Care of abscesses	X					
Cleft palate treatment	X				Covered as a medical service.	



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Cancer treatment	X				Covered as a medical service.	
Treatment of fractures	X				Covered as a medical service.	
Biopsies						
Treatment of jaw joint problems (TMJ)						
	X				Covered as a medical service. Authorization is always required.	Authorization is made on a case by case basis. A detailed TMD treatment Information Request form must be completed by the provider. Required information includes but is not limited to: (1) pertinent medical and dental health history; (2)



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	X				Covered as a medical service. Authorization is always required.	current symptoms; (3) description of aggravating and alleviating factors; (4) clinical examination findings; (5) indication if the diagnosis includes internal derangement with or without reduction, arthritis/degenerative joint disease; (6) past history of TMJ treatment; and (7) a proposed treatment plan.
Emergency room services provided by a dentist						
	X					
Inpatient Hospital Services						
	X					



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	Yes	Only with prior authorization	No			
Anesthesia						
General anesthesia	X					
Intravenous conscious sedation	X					
Non-intravenous conscious sedation	X					
Analgesia (nitrous oxide)	X					

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).